NACCHO
National Aboriginal Community Controlled Health Organisation
Aboriginal health in Aboriginal hands
www.naccho.org.au

Universal Access to Reproductive Health Care

Senate Standing Committee on Community Affairs

December 2022

ABOUT NACCHO

NACCHO is the national peak body representing 144 Aboriginal Community Controlled Health Organisations (ACCHOs). We also assist a number of other community-controlled organisations.

The first Aboriginal medical service was established at Redfern in 1971 as a response to the urgent need to provide decent, accessible health services for the largely medically uninsured Aboriginal population of Redfern. The mainstream was not working. So it was, that over fifty years ago, Aboriginal people took control and designed and delivered their own model of health care. Similar Aboriginal medical services quickly sprung up around the country. In 1974, a national representative body was formed to represent these Aboriginal medical services at the national level. This has grown into what NACCHO is today. All this predated Medibank in 1975.

NACCHO liaises with its membership, and the eight state/territory affiliates, governments, and other organisations on Aboriginal and Torres Strait Islander health and wellbeing policy and planning issues and advocacy relating to health service delivery, health information, research, public health, health financing and health programs.

ACCHOs range from large multi-functional services employing several medical practitioners and providing a wide range of services, to small services which rely on Aboriginal health practitioners and/or nurses to provide the bulk of primary health care services. Our 144 members provide services from about 550 clinics. Our sector provides over 3.1 million episodes of care per year for over 410,000 people across Australia, which includes about one million episodes of care in very remote regions.

ACCHOs contribute to improving Aboriginal and Torres Strait Islander health and wellbeing through the provision of comprehensive primary health care, and by integrating and coordinating care and services. Many provide home and site visits; medical, public health and health promotion services; allied health; nursing services; assistance with making appointments and transport; help accessing childcare or dealing with the justice system; drug and alcohol services; and help with income support. Our services build ongoing relationships to give continuity of care so that chronic conditions are managed, and preventative health care is targeted. Through local engagement and a proven service delivery model, our clients 'stick'. Clearly, the cultural safety in which we provide our services is a key factor of our success.

ACCHOs are also closing the employment gap. Collectively, we employ about 7,000 staff – 54 per cent of whom are Aboriginal or Torres Strait Islanders – which makes us the third largest employer of Aboriginal or Torres Strait people in the country.

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Recommendations

NACCHO recommends:

1. all policies and programs addressing access to reproductive health services align with the *National Agreement on Closing the Gap*;
2. a national program to build the capacity of ACCHOs to provide reproductive health services and support Aboriginal and Torres Strait Islander pregnancy and maternal care, particularly in regional and remote settings;
3. all reproductive health services be free from political or religious interference;
4. research around Aboriginal and Torres Strait Islander contraceptive use be undertaken and shared with Aboriginal or Torres Strait Islander communities;
5. measures to increase access to free contraceptives for Aboriginal and Torres Strait Islander people, including LGBTQIA2+ people, where communities desire it;
6. funding for ACCHOs to make contraceptives and information on contraceptive use available in culturally safe ways, and training to increase the capacity of the Aboriginal and Torres Strait Islander reproductive health workforce;
7. there be no down-scheduling of oral contraceptives;
8. increasing food security for Aboriginal and Torres Strait Islander people, to support good nutrition required in pregnancy, including:
    a. regular monitoring of Aboriginal and Torres Strait Islander food insecurity, including adequate resourcing and training for ACCHOs to conduct local food security surveys;
    b. investment in a community-based nutrition workforce; and in the capacity of the Aboriginal Community-Controlled Registered Training Organisations to train it;
    c. job creation in urban, rural and remote communities, including redesign of the CDP in partnership with our people, and raising income support payments above the poverty line;
    d. extending targeted subsidies to more remote stores, to compensate for high overheads.
9. PBS-listed folic acid and other pregnancy-supporting supplements be made free for Aboriginal and Torres Strait Islander people;
10. increased support for smoking cessation programs for Aboriginal and Torres Strait Islander people, particularly for women living in regional and remote settings;
11. a national program to build the capability of ACCHOs to diagnose, treat and support Aboriginal and Torres Strait Islander people living with FASD, including improving access to early interventions;
12. more equitable access to pregnancy termination items for all Aboriginal and Torres Strait Islander women or communities that freely choose or seek these services, and appropriate indexation of related MBS item benefits;
13. funding for ACCHOs to provide pregnancy termination services to those women and communities that freely choose or seek them;
14. that where communities or people do not regard pregnancy termination services as culturally appropriate, their views and choices be respected;

15. training opportunities in reproductive healthcare and FASD should be provided to the Aboriginal and Torres Strait Islander workforce;
16. resourcing Aboriginal Community-Controlled Health Registered Training Organisations (ACCHRTOs) to deliver reproductive healthcare training;
17. all workforce development should explicitly acknowledge the intersectionality between Aboriginal and Torres Strait Islander people and the LGBTQIA2+ community;
18. culturally safe workforce development should include an understanding of Men's and Women's Business, and the importance of offering a member of staff of the preferred gender (which should not be presumed);
19. sufficient funding for ACCHOs to codesign a wide range of culturally safe information campaigns to address gaps in reproductive-health outcomes for Aboriginal and Torres Strait Islander people;
20. all reproductive health programs, policies, communications and workforce training explicitly acknowledge the intersectionality between Aboriginal and Torres Strait Islander people and disability, and engage Aboriginal and Torres Strait Islander disabled people in codesign;
21. that all reproductive health programs, policies, communications and workforce training explicitly acknowledge the intersectionality between Aboriginal and Torres Strait Islander people and being a member of the LGBTQIA+ community, and engage LGBTQIA+ Aboriginal and Torres Strait Islander people in codesign;
22. the Australian Bureau of Statistics collect, and make available to Aboriginal and Torres Strait Islander people, data on the size and make-up of the Aboriginal and Torres Strait Islander LGBTIQ+ community (including Trans and Intersex), using consistent and common definitions; and
23. reproductive leave be made available to all workers, including the ACCHO workforce.

Introduction

NACCHO welcomes the opportunity to provide a submission to the Senate Standing Committee on Community Affairs inquiry into Universal Access to Reproductive Health Care. NACCHO supports the submission made to the consultation by the Australian Medical Association.

Reproductive health is an essential element of good health and human development, and support for the health of women and babies should be provided throughout the preconception, pregnancy, birth and post-natal periods. Reproductive health services should be readily accessible and affordable for Aboriginal and Torres Strait Islander people throughout Australia, particularly in remote and very remote settings. In the first instance, reproductive health services should be available through Aboriginal Community-Controlled Health Organisations (ACCHOs), which are culturally safe, provide holistic models of care and employ more Aboriginal and Torres Strait Islander people.

National Agreement on Closing the Gap

In July 2020, the Australian Government, all state and territory governments, the Australian Local Government Association (ALGA) and the Coalition of Peaks signed the *National Agreement on Closing the Gap* (National Agreement). The reforms and targets outlined in the National Agreement seek to overcome the inequality experienced by Aboriginal and Torres Strait Islander people, and achieve life outcomes equal to all Australians. All governments have committed to the implementation of the National Agreement's four Priority Reform Areas, which seek to bring about structural change to affect ways in which governments work with Aboriginal and Torres Strait Islander organisations, communities and individuals. The four Priority Reforms are:

Priority Reform Area 1 – Formal partnerships and shared decision-making
This Priority Reform commits to building and strengthening structures that empower Aboriginal and Torres Strait Islander people to share decision-making authority with governments to accelerate policy and place-based progress against Closing the Gap.

Priority Reform Area 2 – Building the community-controlled sector
This Priority Reform commits to building Aboriginal and Torres Strait Islander community-controlled sectors to deliver services to support Closing the Gap. In recognition that Aboriginal and Torres Strait Islander community-controlled services are better for Aboriginal and Torres Strait Islander people, achieve better results, employ more Aboriginal and Torres Strait Islander people and are often preferred over mainstream services.

Priority Reform Area 3 – Transformation of mainstream institutions
This Priority Reform commits to systemic and structural transformation of mainstream government organisations to improve to identify and eliminate racism, embed and practice cultural safety, deliver services in partnership with Aboriginal and Torres Strait Islander people, support truth telling about agencies' history with Aboriginal and Torres Strait Islander people, and engage fully and transparently with Aboriginal and Torres Strait Islander people when programs are being changed.

Priority Reform 4 – Sharing data and information to support decision making
This Priority Reform commits to shared access to location-specific data and information (data sovereignty) to inform local-decision making and support Aboriginal and Torres Strait Islander communities and organisations to support the achievement of the first three Priority Reforms.

NACCHO recommends all policies and programs addressing access to reproductive health services align with the *National Agreement on Closing the Gap*.

NACCHO recommends support for the ACCHO sector should include increasing the capacity of ACCHOs to provide reproductive health services

NACCHO supports the AMA position that all reproductive health services be free from political or religious interference.[1]

Terms of Reference

A. Cost and Accessibility of Contraceptives, including:

- **i. PBS coverage and TGA approval processes for contraceptives,**
- **ii. awareness and availability of long-acting reversible contraceptive and male contraceptive options, and**
- **iii. options to improve access to contraceptives, including over the counter access, longer prescriptions, and pharmacist interventions.**

Data from the Second Australian Study of Health and Relationships completed in 2012–13, show women in Australia have an unmet need for contraception, even with access to a wide range of options.[2]

However, there is a dearth of up-to-date research examining the contraceptive practices of marginalised groups, particularly Aboriginal and Torres Strait Islander peoples.[3] Nonetheless, data collected in the 2012–13 National Aboriginal and Torres Strait Islander Health Survey suggests a significant gap between Aboriginal and Torres Strait Islander and non-Indigenous contraceptive use. Just 49% of participants were using contraception at the time of the survey. In 2015, the Australian national average was 67%.

One meta-study found a variety of factors affecting Aboriginal and Torres Strait Islander contraceptive use. Economic factors including homelessness and contraception cost exacerbated contraceptive non-use. The availability of affordable or free contraception within a given community was related to use of contraception.[4]

At the local level, where there was a lack of access to reliable information, judgement free services, and trusting healthcare providers, non-use of contraception was more likely. The non-use of contraception was also often linked to a lack of culturally appropriate services. The attendance of an Aboriginal Health Worker at appointments facilitated contraceptive use among Aboriginal women.

A large variety of varying cultural factors influencing contraceptive use are often unique to individual communities. Understanding factors specific to individual Aboriginal or Torres Strait Islander communities can assist in tailoring contraceptive services for specific communities that have identified a need or desire for such services.

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[1] AMA (2022) *Submission to the Senate Inquiry into Universal Access to Reproductive Health Care*.

[2] Richters J, Fitzadam S, Yeung A, Caruana T, Rissel C, Simpson JM, de Visser RO. (2016) Contraceptive practices among women: the second Australian study of health and relationships. *Contraception.* 94:548–555.

[3] Coombe J, Anderson AE, Townsend N, Rae KM, Gilbert S, Keogh L, Corby C, Loxton D. (2020) Factors influencing contraceptive use or non-use among Aboriginal and Torres Strait Islander people: a systematic review and narrative synthesis. Reprod Health. Oct 15;17(1):155

[4] Ibid, Coombe et al (2020)

NACCHO recommends Aboriginal led research around contraceptive use be undertaken, and shared with, Aboriginal or Torres Strait Islander communities.

NACCHO recommends measures to increase access to free contraceptives for Aboriginal and Torres Strait Islander people, including LGBTQIA2+ people, where communities desire it.

NACCHO recommends funding for ACCHOs to make contraceptives and information on contraceptive use available in culturally safe ways, and training to increase the capacity of the Aboriginal and Torres Strait Islander reproductive health workforce.

In late 2021, the TGA determined that oral contraceptive substances should remain schedule 4 (prescription only) for important health and safety reasons.[5] NACCHO supports the AMA's opposition to the down-scheduling of oral contraceptives.

NACCHO recommends oral contraceptive substances remain schedule 4 (prescription only).

Free condoms are available in many Australian states, and ACCHOs often provide free condoms. In the Northern Territory, Danila Dilba Health Service, for example does so. However, availability is not always guaranteed and locating free condoms can require extra effort. Moreover, use of condoms by Aboriginal and Torres Strait Islander communities isn't widely accepted.

NACCHO recommends condoms be made free and more readily available nationally.

NACCHO recommends

B. Cost and Accessibility of Reproductive Healthcare, including Pregnancy Care and Termination Services across Australia, Particularly in Regional and Remote Areas;

Accessibility in regional and remote areas

Despite the overall improvements in infant and child mortality over the last 2 decades for all Australian babies and for babies born to Aboriginal and Torres Strait Islander women, disparities remain in the proportion of low birthweight, preterm births, perinatal deaths as well as in infant and child mortality.[6] The disparities are especially large in *regional*, *remote* and *very remote* settings.

Between 2016 and 2018, approximately one-third of Aboriginal and Torres Strait Islander mothers were living in *major cities* compared with nearly three-quarters of non-Indigenous mothers. In addition, about 1 in 5 Aboriginal and Torres Strait Islander mothers (20%) were living in *remote* and *very remote* areas compared with only 1.6% of non-Indigenous mothers.[7]

Aboriginal and Torres Strait Islander mothers living in remote areas have on average worse health outcomes than those living outside remote areas. Among other factors, this may be related to the higher rates of poor housing and overcrowding in remote areas, poorer access to health services, lack of transport and poorer access to healthy food – all of which may have a negative effect on the health of women living in remote areas.

Between 2012 and 2020, the maternal mortality rate (MMR) for Aboriginal and Torres Strait Islander women was 16.4 per 100,000 women giving birth. In the same period, the MMR for non-Indigenous

[5] Ibid AMA (2022)

[6] AIHW (2018) *Australia's mothers and babies 2016–in brief*. Perinatal statistics series no. 34 Cat. No. PER 97. Canberra: AIHW

[7] Ibid. AIHW (2018)

women was 5.3 per 100,000 women giving birth. Again, rates were influenced by remoteness. Women who lived in *remote* and v*ery remote* areas had the highest MMR, followed by women who lived in *Inner regional* areas (13.3 and 8.6 per 100,000 women giving birth). The lowest MMR was for women who lived in *Major cities* (5.3 per 100,000 women giving birth).[8]

NACCHO recommends a national program to build the capability of ACCHOs to support Aboriginal and Torres Strait Islander pregnancy and maternal care, particularly in regional and remote settings.

NTD, folic acid supplements and food insecurity

Neural tube defects (NTD) occur when closure of the neural tube is incomplete, resulting in serious brain and/or spinal anomalies. Evidence supporting folic acid supplementation as a means of reducing NTD led, in the 1990s, to fortification of foods and promotion of folic acid supplementation. However, the disparity between Aboriginal and non-Aboriginal rates of NTD only widened thereafter – from a 42% difference prior to folate supplementation promotion and voluntary fortification during the 1990s, to an almost 2-fold difference by 2005.[9]

Many Aboriginal and Torres Strait Islander people, suffer food insecurity and poor access to affordable fresh fruit and vegetables, particularly in remote locations. Food insecurity is a complex issue that intersects with many social determinants of health. NACCHO's 2022 *Submission to the Senate Inquiry into Food Security in Australia* addresses the issue from multiple perspectives[10].

NACCHO recommends increasing food security for Aboriginal and Torres Strait Islander people, including:

- regular monitoring of Aboriginal and Torres Strait Islander food insecurity, including adequate resourcing and training for ACCHOs to conduct local food security surveys;
- investment in the development of a community-based nutrition workforce; and in the capacity of the Aboriginal Community-Controlled Registered Training Organisations to train it;
- job creation in urban, rural and remote communities, including redesign of the CDP in partnership with our people, and raising income support payments to above the poverty line;
- extending targeted subsidies to more remote stores, to compensate for high overheads.

While folic acid supplements are a PBS listed item for Aboriginal and Torres Strait Islander people, it is still expensive and could be combined with iodine, another supplement supporting optimal gestation.

NACCHO recommends PBS-listed folic acid and other pregnancy-supporting supplements be made free for Aboriginal and Torres Strait Islander people.

Smoking

Smoking during pregnancy is the most important preventable cause of a wide range of adverse pregnancy and birth outcomes. Obstetric complications associated with smoking include spontaneous miscarriage, preterm birth, placenta praevia, placental abruption, ectopic pregnancy and stillbirth.[11]

In 2016–2018, over 43% of Aboriginal and Torres Strait Islander women smoked at any time during their pregnancy. A similar proportion of Aboriginal and Torres Strait Islander women (42.3%) smoked

[8] AIHW (2022) *Maternal Deaths*. Viewed online at: https://www.aihw.gov.au/reports/mothers-babies/maternal-deaths-australia

[9] *D'Antoine et al (2019) Folate Status and Neural Tube Defects in Aboriginal Australians: the Success of Mandatory Fortification in Reducing a Health Disparity* Current Developments in Nutrition, Volume 3, Issue 8,

[10] NACCHO (2022) *Food Security in Australia*, submission to Senate inquiry into Food Security in Australia

[11] Mendelsohn C, Gould GS & Oncken C (2014) Management of smoking in pregnant women. Australian Family Physician 43(1-2)

during the first 20 weeks of their pregnancy, compared with 7.8% of non-Indigenous women.[12] This reflects high rates of smoking in general among Aboriginal and Torres Strait Islander women, particularly those living in remote settings.

NACCHO recommends increased support for smoking cessation programs for Aboriginal and Torres Strait Islander people, particularly for women in living in remote settings.

FASD

FASD is a diagnostic term used to describe a wide range of physical, cognitive, behavioural, and social-emotional conditions and difficulties experienced by an individual who has been exposed to alcohol during pregnancy.[13] While FASD impacts any community where alcohol is consumed, the National FASD Strategic Action Plan 2018–2028[14] and the Senate Enquiry into FASD 2021[15] have identified Aboriginal and Torres Strait Islander communities as particularly at risk across all settings, including remote, rural, regional and urban environments.

NACCHO recommends a national program to build the capability of ACCHOs to diagnose, treat and support Aboriginal and Torres Strait Islander people living with FASD, including improving access to early interventions.

Pregnancy termination

As with all Medicare Benefits Schedule items (MBS items), years of no or insufficient indexation mean MBS items no longer match the cost of providing services.[16] This includes out-of-pocket costs associated with pregnancies and terminations. While some Aboriginal and Torres Strait Islander women may not seek a termination for cultural reasons, those who do can access the following MBS items which are of fundamental importance in the support of pregnancy termination:

- 35643 Evacuation of the contents of the gravid uterus by curettage or suction curettage
- 16530 Management of pregnancy loss, from 14 weeks to 15 weeks and 6 days gestation
- 16531 Management of pregnancy loss, from 16 weeks to 22 weeks and 6 days gestation
- 16522 The management of foetal loss from 23 weeks

NACCHO recommends more equitable access to pregnancy termination items for all Aboriginal and Torres Strait Islander women or communities who freely choose or seek pregnancy termination services, and appropriate indexation of related MBS item benefits.

NACCHO recommends funding for ACCHOs to provide pregnancy termination services to those women and communities who freely choose or seek them.

NACCHO recommends that where communities or people do not regard these services as culturally appropriate, their views and choices be respected.

C. Workforce Development Options for Increasing Access to Reproductive Healthcare Services, including GP Training, Credentialing and Models of Care Led by Nurses and Allied Health Professionals;

[12] AIHW (2021) Pregnancy and birth outcomes for Aboriginal and Torres Strait Islander women

[13] James P Fitzpatrick, Jane Latimer, Heather Carmichael Olson et.al Prevalence and profile of Neurodevelopment and Fetal Alcohol Spectrum Disorder (FASD) amongst Australian Aboriginal children living in remote communities Res Dev Disability, June 2017

[14] Australian Government (2019) *National Fetal Alcohol Spectrum Disorder (FASD) Strategic Action Plan* 2018–2028, p12.

[15] The Senate Community Affairs References Committee, *Effective approaches to prevention, diagnosis and support for Fetal Alcohol Spectrum Disorder*, March 2021, pp 19-23.

[16] AMA (2022) *Why is there a Gap* Viewed online at: Why is there a Gap?

The *National Aboriginal and Torres Strait Islander Health Plan*[17] (Health Plan) recognises the Aboriginal and Torres Strait Islander people's need for control over their own health and wellbeing. Among its many considerations, the Health Plan prioritises building the Aboriginal and Torres Strait Islander workforce required for health, aged care and disability support. Reproductive health care is an important subset of health care. The Health Plan also outlines the holistic, person-centre model of care at the centre of ACCHO services.

The *National Aboriginal and Torres Strait Islander Health Workforce Strategic Framework and Implementation Plan 2021–2031*[18] aims for Aboriginal and Torres Strait Islander people to represent 3.43% of the national health workforce by 2031. To support this target, it is important that all health-related education and workforce initiatives, including those around reproductive health, focus on the pathways for Aboriginal and Torres Strait Islander people entering training, education and the health workforce.

NACCHO recommends training opportunities in reproductive healthcare be provided to the Aboriginal and Torres Strait Islander workforce.

NACCHO recommends resourcing Aboriginal Community-Controlled Health Registered Training Organisations (ACCHRTOs) to deliver reproductive health care training to the ACCHO workforce.

NACCHO recommends all workforce development explicitly acknowledge the intersectionality of Aboriginal and Torres Strait Islander people and the LGBTQIA2+ community.

NACCHO recommends culturally safe workforce development include an understanding of Men's and Women's Business, and the importance of offering a member of staff of the preferred gender (which should not be presumed).

D. Best Practice Approaches to Sexual and Reproductive Healthcare, including Trauma-Informed and Culturally Appropriate Service Delivery

There is a clear preference among Aboriginal and Torres Strait Islander people to access community-controlled services. Indeed, many will bypass mainstream services to access those where they are confident their cultural safety is guaranteed. ACCHOs are highly visible in Aboriginal and Torres Strait Islander communities with research showing ACCHOs are best placed to respond to the social and cultural determinants of health.

The ACCHO model of care is holistic, integrated, person centred, trauma informed and culturally safe. It aims to develop, support and reinforce multidisciplinary teams to break down 'silos' in service delivery, and meet clients cultural needs. The model also aims to ensure every community sees and benefits from public health action and health promotion programs that are co-designed by the community. It addresses social determinants of health, planned according to population health needs and reflecting the preferences of the community; and recognises that each community has deep and untapped strengths unique to its history and culture. These precepts create the foundations for effective community re-empowerment.

Given their unique model of care, ACCHOs are the optimal avenue by which to provide sexual and reproductive healthcare services to Aboriginal and Torres Strait Islander people.

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[17] Department of Health (2021). *National Aboriginal and Torres Strait Islander Health Plan 2021-2031.* Retrieved from: https://www.health.gov.au/resources/publications/national-aboriginal-and-torres-strait-islander-health-plan-2021-2031

[18] Department of Health (2021). *National Aboriginal and Torres Strait Islander Health Workforce Strategic Framework and Implementation Plan 2021-2031.* Retrieved from: National Aboriginal and Torres Strait Islander Health Workforce Strategic Framework and Implementation Plan 2021–2031 | Australian Government Department of Health and Aged Care

E. Sexual and Reproductive Health Literacy

Accurate sexual and reproductive health information, provided in a culturally safe way, is imperative. Awareness campaigns around all aspects of Aboriginal and Torres Strait Islander reproductive health must be appropriately targeted. They must acknowledge the special cultural needs and health gaps experienced by Aboriginal and Torres Strait Islander people. They should explicitly acknowledge the intersectionality of Aboriginal and Torres Strait Islander people and the LGBTQIA2+ community. Where appropriate they should be provided in Aboriginal and Torres Strait Islander languages.

For the above to occur information campaigns must be co-designed with Aboriginal and Torres Strait Islander people, communities, organisations and ACCHOs. They must cover a wide spectrum that includes advice around pervasive, indirect challenges such as smoking, nutrition and FASD. They must be developed for ease of uptake by ACCHOs, and the funding of ACCHOs to develop and conduct information campaigns must be adequate.

NACCHO recommends sufficient funding for ACCHOs to codesign a wide range of culturally safe information campaigns to address gaps in reproductive-health outcomes for Aboriginal and Torres Strait Islander people.

F. Experiences of People with a Disability Accessing Sexual and Reproductive Healthcare

More needs to be done to ensure people with disabilities have the same access to reproductive healthcare, as they are often stereotyped as being asexual, or their sexual health is less likely to be considered important in their care. Such oversights are likely even more pronounced in the Aboriginal and Torres Strait Islander context. Aboriginal and Torres Strait Islander people are twice as likely to experience a disability than other Australians - some 9% have a severe condition, compared to 4% of non-Indigenous people[19].

NACCHO recommends that all reproductive health programs, policies, communications and workforce training explicitly acknowledge the heightened intersectionality of Aboriginal and Torres Strait Islander people with a disability, and engage them in codesign.

G. Experiences of Transgender People, Non-Binary People, and People with Variations of Sex Characteristics accessing Sexual and Reproductive Healthcare

It is imperative that the LGBTQIA+ community have equitable and safe access to sexual and reproductive health care. The provision of appropriate, respectful and culturally safe healthcare is vital for the health and wellbeing of Aboriginal and Torres Strait Islander people who are LGBTQIA+.

A 2021 study of the Aboriginal and Torres Strait Islander LGBTQIA+ community found 12% of participants were victims of physical assault; 50% had been ignored or teased because of their sexual or gender identity; 30% had been followed and 38% of participants had been 'outed'.[20]

However, the lack of nationally representative data on Aboriginal and Torres Strait Islander LGBTQIA+ communities makes planning and designing appropriate health services for these communities difficult.

[19] Australian Government (2017*) Aboriginal and Torres Strait Islander Health Performance Framework 2017 Report*, Section 1.14 Disability.

[20] Hill, B., Uink, B., Dodd, J., Bonson, D., Eades, A. & S. Bennett (2021) *Breaking the Silence: Insights into the Lived Experiences of WA Aboriginal/LGBTIQ+ People, Community Summary Report 2021*. Kurongkurl Katitjin, Edith Cowan University. Perth. WA

NACCHO recommends that all reproductive health programs, policies, communications and workforce training explicitly acknowledge the intersectionality of Aboriginal and Torres Strait Islander people and being a member of the LGBTQIA+ community, and engage them in codesign.

NACCHO recommends Australian Bureau of Statistics collect and make available to Aboriginal and/or Torres Strait Islander people, data on the size and make-up of the Aboriginal and Torres Strait Islander LGBTIQ+ community (including Trans and Intersex), using consistent and common definitions.

H. Availability of Reproductive Health Leave for Employees

Reproductive health leave is additional leave on top of personal leave for the treatment or management of gynaecological disorders, IVF/ART, terminations, hysterectomy or vasectomy.

NACCHO recommends reproductive leave be made available to all workers, including the ACCHO workforce.